



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/26/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NYR000099374
INSTALLATION NAME →	VANGUARD DIRECT
INSTALLATION ADDRESS →	140 58TH ST SUITE 1A BLDG B BROOKLYN, NY 11220
MAILING ADDRESS →	140 58TH ST SUITE 1A BLDG B BROOKLYN, NY 11220

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: VANGUARD DIRECT
or Current Occupant
ATTN: ALFRED BIRKERT - FORMAN
140 58TH ST SUITE 1A BLDG B
BROOKLYN, NY 11220

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

01 JUL 20 AM 11:24

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification☐ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR0000099374

II. Name of Installation (Include company and specific site name)

KANGAROO DIRECT

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

140 58TH ST SUITE 1A-BLDG B

Street (Continued)

City or Town

Brooklyn

State

Zip Code

NY

11220-

County Code

County Name

Kings

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

140 58TH ST SUITE 1A-BLDG B

City or Town

Brooklyn

State

Zip Code

NY

11220-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

BIRKERT

(First)

ALFRED

Job Title

FORMAN

Phone Number (Area Code and Number)

718-748-8900

Extension

VI. Installation Contact Address (See instructions)

Fax Number

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒ ☒

140 58TH ST SUITE 1A BLDG B

City or Town

Brooklyn

State

Zip Code

NY

11220-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

ALFRED BIRKERT

Street, P.O. Box, or Route Number

Same AS ABOVE

City or Town

State

Zip Code

Phone Number (Area Code and Number)

718-748-8900

B. Land Type

A

C. Owner Type

P

D. Change of Owner
Indicator

Yes

☒

No

Date Changed
Month Day Year

-

-

UPS 2nd DAY

14-4880

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D001			

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

A. B. Burkert

Name and Official Title (Type or print)

A. B. Burkert Foreman

Date Signed

7/9/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)